Rev. 06'2

DECLARATION and POWER OF ATTORNEY

As a below-named niventor, I hereby/declare that: My residence, pest office addressiand citizenship are as stated below next to my name.								
I believe I am the officinal first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are								
listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Succinoylamino Benzodiazepines as Inhibitors of A-Beta Protein Production								
the specification of which is attached hereto unless the following box is checked:								
was filed on February 17, 2000 as U.S. Application No. 09/505,788 or PCT International Application No and was amended on (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.								
I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.								
Application No. Country			Filing Date Pr		Pri	ority Claimed (Yes/No))	
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.								
U.S. Provisional Application No. 60/113,588				U.S. Filing Date December 24, 1998				
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.								
Application No. U.S. Filing Date 09/469,939 December 24, 1999				Status (patented, pending or abandoned) pending				
POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:								
Name: Blair Q. Ferguson				Registration No.: 34,329				
Gerald J. Boudreaux				35,073				
	aren H. Kondrad		38,212					
Scott K. Larsen				38,532				
M	laureen P. O'Brien		42,043					
N	orbert Reinert		18,926					
	lary K. VanAtten		39,408					
	enneth B. Rubin		36,259					
_	osemarie R. Wilk-Orescan		45,220					
David J. Roper			140	32,753				
Send corresponde telephone calls to			Pharmaceutical du Pont de Nen			l. No.		
Scott K. Larsen Legal - 1			Patents rket Street					
Wilmington, DE 19898, U.S.A. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are								
believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.								
INVENTOR(C)								
Full Name	Last Name	· · · ·	INVENTOR(S First Name	" 	Mid	dle Name		
of Inventor OLSON			RICHARD		<u>E.</u>			
Signature (please sign full name): Rull Signature					Date: 5/26/00			
Residence & Citizenship	ship WILMINGTON		State or Foreign Country DELAWARE		Country of Citizenship US			
Post Office Address			City WILMINGTON			e or Country	Zip Code 19803	
Full Name Last Name of Inventor		First Name M		Mid	Aiddle Name			
Signature (please si	ign full name):				Date:			
Residence & City			State or Foreign	Country Country of Citizenship				
Citizenship Post Office	Post Office Address	City St			e or Country	Zip Code		
Address	2 ost Office / touless		,				_pp	

Additional Inventors are being named on separately numbered sheets attached hereto.